GLENHÄVEN, INC. 612 EAST OAK STREET GLENWOOD CITY 54013

Ownershi p: Non-Profit Corporation Phone: (715) 265-4555 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Number of Beds Set Up and Staffed (12/31/01): 44 Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/01): 44 Title 19 (Medicaid) Certified? Yes Average Daily Census: 35 Number of Residents on 12/31/01: 37 *********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagr	osis of	Length of Stay (12/31/01)	%		
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	32. 4
Supp. Home Care-Personal Care	No					1 - 4 Years	32. 4
Supp. Home Care-Household Services		Developmental Disabilities	8. 1	Under 65	2.7	More Than 4 Years	35. 1
Day Services	No	Mental Illness (Org./Psy)	32. 4	65 - 74	8. 1		
Respite Care	Yes	Mental Illness (Other)	8. 1	75 - 84	40. 5		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	37. 8	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	10.8	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	İ	[Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	29. 7	65 & 0ver	97. 3		
Transportation	No	Cerebrovascul ar	0.0			RNs	10. 7
Referral Service	No	Di abetes	5. 4	Sex	% j	LPNs	5. 7
Other Services	No	Respi ratory	5.4		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	10.8	Male	16. 2	Aides, & Orderlies	41. 7
Mentally Ill	Yes			Femal e	83. 8		
Provi de Day Programming for	i		100.0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	1	3. 8	107	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	1	2. 7
Skilled Care	0	0.0	0	21	80.8	92	0	0.0	0	11	100.0	113	0	0.0	0	0	0.0	0	32	86. 5
Intermedi ate				1	3.8	77	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				3	11. 5	131	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	8. 1
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		26	100.0		0	0.0		11	100.0		0	0.0		0	0.0		37	100. 0

County: St. Croix GLENHAVEN, INC.

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01									
beachs builing keporeing refrou			% Ne	edi ng		Total					
Percent Admissions from:		Activities of	%		ance of	% Totally	Number of				
Private Home/No Home Health	26. 8	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents				
Private Home/With Home Health	7. 3	Bathi ng	0.0	5	6. 8	43. 2	37				
Other Nursing Homes	0.0	Dressing	5. 4	8	1. 1	13. 5	37				
Acute Care Hospitals	65. 9	Transferring	16. 2	5	6. 8	27. 0	37				
Psych. HospMR/DD Facilities	0.0	Toilet Use	8. 1	7	0. 3	21. 6	37				
Rehabilitation Hospitals	0.0	Eati ng	40. 5	4	8. 6	10. 8	37				
Other Locations	0.0	**************	*****	*****	******	********	*****				
Total Number of Admissions	41	Continence		% Sp	ecial Treatme	nts	%				
Percent Discharges To:		Indwelling Or Externa	al Catheter	8. 1	Receiving Res	pi ratory Care	10. 8				
Private Home/No Home Health	22.0	Occ/Freq. Incontinent	t of Bladder	37. 8	Recei vi ng Tra	cheostomy Care	0. 0				
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	t of Bowel	18. 9	Recei vi ng Suc	ti oni ng	0. 0				
Other Nursing Homes	7. 3				Receiving Ost	omy Care	0. 0				
Acute Care Hospitals	26. 8	Mobility			Recei vi ng Tub	e Feeding	2. 7				
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	5. 4	Receiving Mec	hanically Altered Diets	24. 3				
Rehabilitation Hospitals	0.0				_	-					
Other Locations	0.0	Skin Care		0t	her Resident	Characteri sti cs					
Deaths	43. 9	With Pressure Sores		8. 1	Have Advance	Di recti ves	100. 0				
Total Number of Discharges		With Rashes		8.1 Me	di cati ons						
(Including Deaths)	41				Receiving Psy	choactive Drugs	64. 9				

************************************ Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownershi p:		ershi p:	Bed	Si ze:	Li c	ensure:			
	Thi s	Non	profi t	Und	er 50	Ski	lled	Al I		
	Facility	Peer Group		Peer	Group	Peer Group		Faci l	lities	
	%	% Ratio		%	Ratio	%	Ratio	%	Rati o	
Occupancy Rate: Average Daily Census/Licensed Beds	79. 5	89 . 4	0. 89	83. 8	0. 95	84. 3	0. 94	84. 6	0. 94	
Current Residents from In-County	64. 9	82. 7	0. 78	74 . 6	0. 87	82. 7	0. 78	77. 0	0. 84	
Admissions from In-County, Still Residing	17. 1	25. 4	0. 67	33. 2	0. 51	21. 6	0. 79	20. 8	0. 82	
Admissions/Average Daily Census	117. 1	117. 0	1.00	75. 3	1. 56	137. 9	0.85	128. 9	0. 91	
Discharges/Average Daily Census	117. 1	116.8	1.00	77. 3	1. 52	139. 0	0.84	130.0	0. 90	
Discharges To Private Residence/Average Daily Census	25. 7	42. 1	0. 61	15. 9	1. 62	55. 2	0.47	52. 8	0. 49	
Residents Receiving Skilled Care	89. 2	93. 4	0. 96	91. 2	0. 98	91.8	0. 97	85. 3	1.05	
Residents Aged 65 and Older	97. 3	96. 2	1. 01	97. 7	1. 00	92. 5	1.05	87. 5	1. 11	
Title 19 (Medicaid) Funded Residents	70. 3	57. 0	1. 23	60. 7	1. 16	64. 3	1. 09	68. 7	1. 02	
Private Pay Funded Residents	29. 7	35. 6	0. 83	36. 2	0. 82	25. 6	1. 16	22. 0	1. 35	
Developmentally Disabled Residents	8. 1	0. 6	12. 97	1. 4	5. 74	1. 2	6. 89	7. 6	1. 07	
Mentally Ill Residents	40. 5	37. 4	1. 09	33. 9	1. 20	37. 4	1. 08	33. 8	1. 20	
General Medical Service Residents	10. 8	21. 4	0. 51	24. 3	0. 45	21. 2	0. 51	19. 4	0. 56	
Impaired ADL (Mean)	55. 1	51. 7	1. 07	51. 1	1. 08	49. 6	1. 11	49. 3	1. 12	
Psychological Problems	64. 9	52. 8	1. 23	58. 2	1. 11	54. 1	1. 20	51. 9	1. 25	
Nursing Care Required (Mean)	6.8	6. 4	1. 25	7. 0	0. 97	6. 5	1. 04	7. 3	0. 92	
nui sing care nequired (mean)	0. 0	0. 4	1.00	7. 0	0. 97	0. 3	1. 04	7.3	0. 32	